



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 8200

Bib Data Sheet

SERIAL NUMBER 09/777,554	FILING DATE 02/06/2001 RULE	CLASS 548	GROUP ART UNIT 1626	ATTORNEY DOCKET NO. BBC-077/A.						
<p>APPLICANTS</p> <p>Barbara Scott, Spencer, MA;</p> <p>Lee D. Arnold, Westboro, MA;</p> <p>Anna M. Ericsson, Shrewsbury, MA; Kevin P. Cusack, Holden, MA;</p> <p>** CONTINUING DATA *****</p> <p>This appln claims benefit of 60/180,841 02/07/2000</p> <p>** FOREIGN APPLICATIONS *****</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</p> <p>** 04/02/2001</p>										
<p>Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no</p> <p>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> met <input type="checkbox"/> not met after allowance</p> <p>Verified and Acknowledged</p> <p>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i></p>		STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 43					
<p>ADDRESS</p> <p>GAYLE B. O'BRIEN</p> <p>ABBOT BIORESEARCH CENTER</p> <p>100 RESEARCH DRIVE</p> <p>WORCESTER, MA</p> <p>01605-4314</p>										
<p>TITLE</p> <p>Benzothiazole derivatives</p>										
FILING FEE RECEIVED 840	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p> <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit _____</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit _____										